U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only			
E (AUS 1897AD)	LY BEFORE PREPARING THIS REPORT		
1 File Number U 6924	2 Fiscal Year Covered From		
	01 /01 /2C04 Through 12 /31 /2004		
3 Name and address of person filing	3 Name file number and address of labor organization		
~ ^{le} <u>DONALD FIORE</u>	Name ELECTRICAI WORKERS IBEW AFL-CIO LU 25		
	Labor Organization File Number 039-321		
P O Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 370 VANDERBILT MOTOR PARKWAY	Street 370 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE	City HAUPPAUGE		
State NY ZIP Code + 4 11788-5133	State NY ZIP Code + 4		
5 Position in labor organization BUSINESS MANAGER			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests			
(except as specified in the exclusions set forth in the instructions)			
A Held an interest in engaged in transactions (including loans) with or d monetary value from an employer whose employees your organization re			
3 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name			
Trade Name If any			
P O Box, Bldg Room No If any			
Street	7 b Amount		
City			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)			
Signed Since Signed	On 8/10/05 (631-273-4995 Telephone Number		

Name of Person Filing DONALD FIORE	File Number U -		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name			
Trade Name If any	a Labor Organization b Trust		
P O Box, Bidg Room No If any	c Employer		
Street	C Employer		
City			
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer name	11 a Nature of such dealing		
Name			
P O Box, Bldg Room No If any			
Street			
City	11 b Approximate dollar value of such dealing		
State ZIP Code + 4	12 a Nature of interest held or income received		
	12 b Amount		
C Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR		
Name ANNUITY FUND OF THE ELEC IND OF LI	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I B E W /NECA CONFERENCE IN ORLANDO, FL		
Trade Name If any	T D D W / N D G W		
P O Box Bldg Room No If any			
Street 372 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
State NY ZIP Code + 411788-5133			
13 a 1s the Business an Employer X or Consultant	14 b Amount of payment 318 54		

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8 Name and address of Business (including trade name if any)	9 Business deals with		
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City	12 a Nature of interest he		
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13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	TRUSTEE BY TRUST FUND FOR	
Name ANNUITY FUND OF THE ELEC IND OF LI	PERSONALLY INCUR	RED EXPENSES FOR ATTENDANCE	
Trade Name if any	AT NCCMP CONFERE	NCE IN ORLANDO, FL	
P O Box Bidg Room No if any			
Street 372 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
State NY ZIP Code + 411788-5133			
13 a Is the Business an Employer X or Consultant	14 b Amount of payment	477 81	

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	12 b Amount		
C Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) y or other thing of value		
13 a Name and address of Employer or Labor Rel itions Consultant (including trade name if any)	14 a Nature of payment	MDIIOMHI DV MDIIOMHI TOO	
Name I B E W LOCAL 25 401K FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE		
Trade Name If any	ATIBEW/NECA	CONFERENCE IN ORLANDO FL	
P O Box, Bldg Room No If any			
Street 372 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
State NY ZIP Code + 411788-5133			
13 a is the Business an Employer X or Consultant	14 b Amount of payment	318 54	

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Street	11 b Approximate dollar	value of such dealing	
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P O Box, Bldg Room No if any			
Street 372 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
State NY ZIP Code + 411788-5133			
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13 a Is the Business an Employer X or Consultant	14 b Amount of payment	318 54	

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8 Name and address of Business (including trade name if any)	9 Business deals with		
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PO Box, Bldg Room No If any	c Employer		
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City	12 a Nature of interest held or income received		
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Name I B E W LOCAL 25 PENSION FUND	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO FL		
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P O Box, Bldg Room No If any			
Street 372 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
State NY ZIP Code + 411788-5133			
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13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	TRUSTEE BY TRUST FIND FOR	
Name I B E W LOCAL 25 HEALTH/BENEFIT FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I B E W /NECA CONFERENCE IN ORLANDO, FI		
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P O Box, Bldg Room No if any			
Street 372 VANDERBILT MOTOR PARKWAY			
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P O Box, Bldg Room No if any			
Street 372 VANDERBILT MOTOR PARKWAY			
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Name I B E W LOCAL 25 VHT FUND	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE		
Trade Name if any	AT I B E W /NECA CONFERENCE IN ORLANDO, FL		
P O Box, Bldg Room No If any			
Street 372 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
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P O Box Bldg Room No If any			
Street 372 VANDERBILT MOTOR PARKWAY			
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